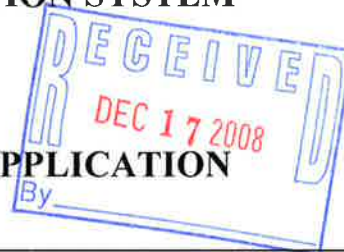
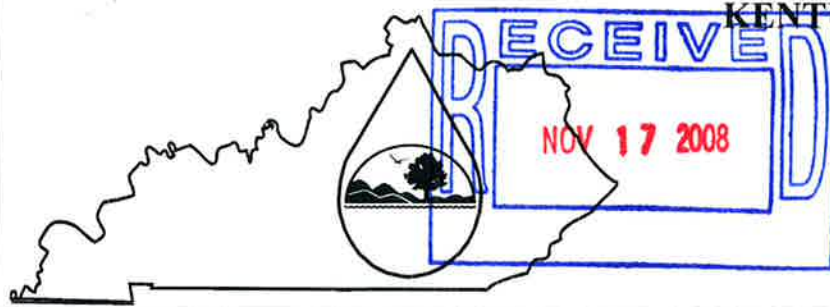


# KPDES FORM 1

AZ# 485

## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

### PERMIT APPLICATION



This is an application to: (check one)

- ☐ Apply for a new permit.  
☒ Apply for reissuance of expiring permit.  
☐ Apply for a construction permit.  
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

-0-

### I. FACILITY LOCATION AND CONTACT INFORMATION

AGENCY  
USE

0033871

A. Name of Business, Municipality, Company, Etc. Requesting Permit  
Green River Youth Development Center

B. Facility Name and Location

Facility Location Name:

Green River Youth Development Center

Facility Location Address (i.e. street, road, etc., not P.O. Box):

354 Boys Camp Road

Facility Location City, State, Zip Code:

Cromwell, KY 42333

D. Owner's name (if not the same as in part A and C):

Owner's Mailing Address:

C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner's mailing address (if different) in D.

Facility Contact Name and Title: Mr. ☒ Ms. ☐

Richard Barnes

Mailing Address:

354 Boys' Camp' Road

Mailing City, State, Zip Code:

Cromwell, KY 42333

Facility Contact Telephone Number:

(270) 526-3826

Owner's Telephone Number (if different):

### II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: Engaged in collection, treatment and disposal of wastewater

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:

8322 Individual and Family Social Services  
Juvenile Justice -- Youth Development Center

Other SIC Codes:

### III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located:

Butler

City where facility is located (if applicable):

NA

C. Body of water receiving discharge

Unnamed tributary at mile point 0.3 of Indian Camp Creek at mile point 0.6

D. Facility Site Latitude (degrees, minutes, seconds):

Unchanged from existing permit 37° 17' 18.40"

Facility Site Longitude (degrees, minutes, seconds):

86° 44' 12.00"

E. Method used to obtain latitude & longitude (see instructions): off existing permit

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)	
---	--

**IV. OWNER/OPERATOR INFORMATION****A. Type of Ownership:**

☐ Publicly Owned ☐ Privately Owned ☒ State Owned ☐ Both Public and Private Owned ☐ Federally owned

**B. Operator Contact Information (See instructions)**

Name of Treatment Plant Operator:

Larry Todd Clark

Telephone Number:

(270) 526-3826

Operator Mailing Address (Street):

354 Boys' Camp RD

Operator Mailing Address (City, State, Zip Code):

Cromwell, KY 42333

Is the operator also the owner?

Yes ☐ No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒ No ☐

Certification Class:

I

Certification Number:

01557

**V. EXISTING ENVIRONMENTAL PERMITS**

Current NPDES Number:

KY0033871

Issue Date of Current Permit:

Expiration Date of Current Permit:

Number of Times Permit Reissued:

Date of Original Permit Issuance:

Sludge Disposal Permit Number:

Kentucky DOW Operational Permit #:

Kentucky DSMRE Permit Number(s):

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	NA	
Solid or Special Waste	NA	
Hazardous Waste - Registration or Permit	NA	

**VI. DISCHARGE MONITORING REPORTS (DMRs)**

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	Fiscal office
	Unchanged from existing permit
DMR Official Telephone Number:	270-526-3826

**B. DMR Mailing Address:**

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:	Watess Laboratory
DMR Mailing Address:	ESTB Room 405 1906 College Heights Blvd 61066
DMR Mailing City, State, Zip Code:	Bowling Green, Ky 42101-1066

## VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:

State Owned Facility

Filing Fee Enclosed:

## VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

TELEPHONE NUMBER (area code and number):

Mr. ☒ Ms. ☐ Richard Barnes, Superintendent II

(270) 526-3826

SIGNATURE

DATE:



11/12/08

Return completed application form and attachments to: **KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly Road, Frankfort, KY 40601. Direct questions to: KPDES Branch at (502) 564-3410.**



**KENTUCKY POLLUTANT DISCHARGE  
ELIMINATION SYSTEM**

**PERMIT APPLICATION**

RECEIVED

NOV 17 2008

A complete application consists of this form and Form 1.  
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: GREEN RIVER YOUTH DEVELOPMENT CENTER												
<b>I. FACILITY DISCHARGE FREQUENCY</b>					AGENCY USE	0	0	3	3	8	7	1
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)												
B. How many days per week?					7							
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): 0,0099 MGD NORMAL DOMESTIC WASTEWATER 60 STUDENTS - 120 gpd PER STUDENT 56 STAFF - 20 gpd PER STAFF												
B. If new discharger, indicate anticipated discharge date:												
C. Indicate the design capacity of the treatment system:					0,0099 MGD							

**III. Outfall Location (see instructions)**

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	37°	17'	18.80"	86°	44'	12.00"	unnamed tributary at mile point 0.3 of Indian Camp Creek at mile point 0.6

**IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)**

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	DOMESTIC WASTEWATER	0,0099MGD	COMMUNITOR	1-L
			EXTENDED AERATION	3-A
			CLARIFICATION	1-U
			POLISHING LAGOON	3-J
			DISINFECTION	2-F
			DECHLORINATION	2-E
			SLUDGE HOLDING	5-A
			SLUDGE PRYING BEDS	5-H

**V. Check the type(s) of wastewater discharged.**

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste  
☐ Noncontact cooling water
 ☐ Other (list):

**VI. Does all water used at facility (except for human consumption) flow to a treatment plant?** ☐ Yes ☒ No**VII. Discharge to other than surface waters. Check appropriate location:**

- ☐ Publicly-owned lake or impoundment Name of lake: \_\_\_\_\_  
☐ Publicly-owned treatment works (POTW). Name of POTW: \_\_\_\_\_  
☐ Land application of Effluent  
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well  
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

**VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).**

<input type="checkbox"/>	Antimony	
<input type="checkbox"/>	Arsenic	
<input type="checkbox"/>	Beryllium	
<input type="checkbox"/>	Cadmium	
<input type="checkbox"/>	Chromium	

<input type="checkbox"/>	Copper	
<input type="checkbox"/>	Lead	
<input type="checkbox"/>	Mercury	
<input type="checkbox"/>	Nickel	
<input type="checkbox"/>	Selenium	

<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Zinc	
<input type="checkbox"/>		
<input type="checkbox"/>		

**IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)**

A. Number of bypass points:	NA	(If bypass points are indicated, information below must be completed for each bypass.)
-----------------------------	----	--

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	NONE per year	NONE per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:	NA	

**B. Number of Overflow Points: (If discharge is from an overflow point, the information below must be completed.)**

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	NONE per year	NONE per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	NA
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

**X. AREA SERVED (see instructions)**

NAME	ACTUAL POPULATION SERVED
STUDENTS (FULL TIME)	60
STAFF (PART TIME)	56
<b>TOTAL POPULATION SERVED</b>	116



XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS		
Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS			
A. Indicate results of analysis for pollutants listed below.			
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD <sub>5</sub>	4.2 mg/L		1
TOTAL SUSPENDED SOLIDS	2 mg/L		1
FECAL COLIFORM	< 2 cfu/100ml		1
TOTAL RESIDUAL CHLORINE	0.00		1
OIL AND GREASE	< 7.5 mg/L		1
CHEMICAL OXYGEN DEMAND	10 mg/L		1
TOTAL ORGANIC CARBON	13.76 ppm		1
AMMONIA	1.2 mg/L		1
DISCHARGE FLOW	0.0030 mgd		
pH	7.7 @ 24°C		1
TEMPERATURE (WINTER)	10°F - 35°F		
TEMPERATURE (SUMMER)	85°F - 98°F		

B. Frequency and duration of flow:	7 days/week
------------------------------------	-------------

### XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Richard Barnes, Superintendent II	(270) 526-3826
SIGNATURE	DATE
<i>Richard Barnes</i>	11/12/08



# CHR Green River Boys Camp

